

# the vaczine

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## Announcements and upcoming events

**Immunization Division 2016 webcast schedule:** The remaining quarterly webcasts hosted by the Immunization Division will be broadcast on Tuesday, April 19, Tuesday, July 19, and Tuesday, October 18. The webcast will begin at 9:30 a.m. If you miss the live webcast, a recorded version is archived and available at <http://videocenter.isdh.in.gov/videos/channel/38/recent/page1/>.

**CHIRP 2016 User Group meeting (UGM) schedule:** CHIRP UGMs are currently scheduled for the following dates in 2016:

Thursday, April 21, 2016: Hamilton County Health Department, Noblesville

Thursday, June 16, 2016: Gary Police Station, Gary

Thursday, October 20, 2016: Vanderburgh County Health Department, Evansville

For more information about the UGM sessions or to register to attend, please visit <https://chirp.in.gov/calendar/index.html>, or contact CHIRP at [chirp@isdh.in.gov](mailto:chirp@isdh.in.gov) or 888-227-4439.

### 2016 conferences:

Indianapolis will host the 2016 National Conference for Immunization Coalitions and Partnerships on May 25-27, 2016, at the Hyatt Regency Hotel in downtown Indianapolis. More details, including the ability to register online, are available at <http://healthcoalitionsconference.org/>. Please contact Lisa Robertson, director of the Indiana Immunization Coalition, at 317-628-7116 or via email at [director@vaccinateindiana.org](mailto:director@vaccinateindiana.org) with any questions.

Indianapolis will also host a CDC Pink Book training in October 2016. The Pink Book training is a two-day, comprehensive immunization course covering immunization principles and practices, vaccine-preventable diseases and currently available immunizations. This invaluable training is presented by faculty from the CDC's National Center for Immunization and Respiratory Diseases. The training is scheduled for Wednesday, October 12, and Thursday, October 13, 2016. The course will run from 7:30 a.m. to 5 p.m. both days and will be held at the 502 East Convention Center in Carmel. More details can be found on the Indiana Immunization Coalition's [event page](#), including the link to register.

### VacZine Publication Schedule Change

The VacZine will now be released every other month for the duration of 2016. Please note: if there is urgent information that you need to know, we will send out that information as we receive it rather than waiting until the next published VacZine.

**Call for A-Z training hosts:** ISDH offers immunization trainings called Immunizations A-Z. These trainings are free of charge. A full Immunizations A-Z is approximately four hours of training that covers all immunizations, signs and symptoms, vaccine-preventable diseases, state law and school requirements, as well as exemptions. This class will also cover vaccine administration and vaccine safety. Please contact the health educator in your area to arrange training.

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## Updated guidance for VFC providers regarding Meningitis B vaccination

*Cortnee Hancock, Chief Nurse Consultant*

In June of 2015, the Advisory Committee on Immunization Practices (ACIP) recommended the use of Serogroup B Meningococcal vaccines among certain groups of individuals. These groups include 16- to 23-year-olds (based on an individual clinical decision) and those patients aged 10 years and older who are considered at increased risk for serogroup B meningococcal disease.

Based on the ACIP's recommendation, Serogroup B Meningococcal (MenB) Vaccine has been added to the Indiana Vaccines for Children Program Formulary. All enrolled and active VFC providers are expected to order and administer MenB vaccine for your eligible patient population of children aged 16 through 18 years, unless contraindicated.

The MenB vaccine can also be administered to those patients 10 through 15 years of age if they meet the high risk definition, and the vaccines administered to this age group must be ordered using the Vaccine Special Order Request Form. The Indiana Adult Vaccine Program does not currently offer the MenB vaccine for young adults aged 19-23 years.

There are two MenB vaccines available for order. MenB-4C (Bexsero®) is a 2-dose series and MenB-FHbp (Trumenba®) is a 3-dose series. These vaccines are **NOT** interchangeable, therefore you must use the same vaccine for all doses administered.

It is important to note that the ACIP does not recommend replacing the routine adolescent quadrivalent meningococcal vaccines with the MenB vaccine.

Please see the published ACIP recommendation for more information at

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6441a3.htm>.

Allison, M., Hurley, L., Markowitz, L., et al. (2016). Primary Care Physicians' Perspectives About HPV Vaccine. *Pediatrics* 137(2). Originally published online January 4, 2016. Accessed at

<http://pediatrics.aappublications.org/content/pediatrics/early/2016/01/02/peds.2015-2488.full.pdf>

## CDC Health Advisory: Influenza

*Cortnee Hancock, RN; Chief Nurse Consultant*

The Centers for Disease Control and Prevention (CDC) released a Health Advisory on February 1 regarding Influenza activity and treatment. The CDC defines a *health advisory* as providing information for a specific incident or situation which may not require immediate action at the time of publication.

The health advisory states that the 2015-2016 flu season has begun. Influenza activity is increasing across the country, and the CDC is now receiving reports of severe influenza illness.

Influenza A (H1N1)pdm09 virus has been predominant in recent weeks, and influenza A (H3N2) and influenza B viruses have also been co-circulating. Laboratory data is showing that the influenza viruses that are circulating are still like the viruses recommended for the 2015-2016 influenza vaccines.

It is recommended that clinicians should encourage all patients ages six months and older who have not yet received an influenza vaccine this season to be vaccinated against influenza.

It is expected that we will see further increases in the coming weeks.

For a full list of recommendations for clinicians, as well as for more information, please utilize the link below.

<http://emergency.cdc.gov/han/han00387.asp>

## Heart Disease and the Flu

*Cortnee Hancock, RN; Chief Nurse Consultant*

Having heart disease puts one at risk for serious health complications if they contract the flu.

Important points if diagnosed with heart disease

- If one contracts the flu, there is an increased risk of having a heart attack
- Get the flu vaccine. It is the best protection against the flu virus
- If diagnosed with heart disease, one should receive the flu shot and not the nasal spray
- In addition to following flu treatment recommendations set by their provider, patients should also continue taking their prescribed medications
- If a change in breathing is noticed, one should contact their healthcare provider or go to the emergency room immediately

Heart disease may cause a person's body to be too weak to "fight off" the flu, and the flu can make their heart disease worse. It is important to be proactive in protecting oneself against the flu virus, especially when diagnosed with heart disease.

More information can be found at [http://www.vaccines.gov/more\\_info/features/heartdisease-flu.html](http://www.vaccines.gov/more_info/features/heartdisease-flu.html)

## Standing orders for Meningitis B vaccination

*Tracy Chiles, health educator*

The Immunization Action Coalition has a new standing orders template available for routine Meningitis B vaccination of adolescents. These standing orders utilize the Advisory Committee on Immunization Practices recommendations to create a standard procedure enabling eligible nurses and health care professionals to vaccinate adolescents and adults that meet vaccination criteria.

The procedure is as follows:

1. Assess the need for adolescents and adults to be vaccinated against meningococcal B disease using the following criteria.
  - a. Consider patients ages 16-23 who wish to be vaccinated. The ACIP preferred age is 16-18 years to maximize protection. (VFC providers should note that only patients 18 or under can be vaccinated with publicly funded MenB vaccine)
  - b. Consider patients age 10 and older if they are at a higher risk for meningococcal B infection.
2. Screen for contraindications and precautions prior to vaccination.
3. Provide all patients (or patients/guardians) a copy of the most recent vaccine information statement (VIS) prior to administering the meningococcal B vaccine.
4. Administer vaccine using the correct needle gauge, needle length, and injection site.
5. Administer MenB 0.5 ml as an IM injection, based on the following schedule (dependent on vaccine product)
  - a. Bexsero is given as a two dose series, at least 4 weeks apart
  - b. Trumemba is given as a three dose series at 0, 2 months, and 6 months
6. Document the vaccine that was given (CHIRP documentation is required if the patient is under 19 years of age).

7. Always be prepared to manage medical emergencies.
8. Report any and all adverse reactions to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov)

The full IAC standing order template is available here: <http://www.immunize.org/catg.d/p3095.pdf>. This template is modifiable to fit your practice's needs.

## About The VacZine

The VacZine is published every other month by the ISDH Immunization Division. To unsubscribe from the VacZine, please reply to this message with Unsubscribe in the subject line.

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